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31278 7590 06/02/2004

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Margaret M. Hasson	(Depositor's name)
<i>[Signature]</i>	(Signature)
Aug. 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/021,871	12/17/2001	A. Satyanarayan Naidu	20424.12	2761

TITLE OF INVENTION: PROBIOTIC COMPOSITION CONTAINING LACTOBACILLUS CASEI STRAIN ATCC PTA-3945

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WARE, DEBORAH K	1651	424-093450

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Preston Gates & Ellis LLP  
 2 Louis C. Cullman  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PROBIOHEALTH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LOS ANGELES, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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(Authorized Signature)

(Date)

Louis G. Gullman, Reg. No. 39,645

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06/03/2004 SDIRETR2 00000024 10021671

01 FC:2501  
 02 FC:1504

665.00 OP  
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